

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003801

1. Corporation Name

PENSACOLA BAY AREA LITERACY COALITION, INC.

Principal Place of Business

THE UNIV OF W FL COMM UNIV PARTNERSHIP  
11000 UNIVERSITY PKY  
PENSACOLA FL 32514  
US

Mailing Address

P.O. BOX 853  
PENSACOLA FL 32594-0853

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90121 023 \*\*\*\*70.00



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/23/1993

4. FEI Number

59-3243072

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BACKMAN, DR CARL  
THE UNIVERSITY OF WEST FLORIDA  
11000 UNIVERSITY PKY  
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME BACKMAN, DR CARL  
STREET ADDRESS 11000 UNIVERSITY PKY  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ DELETE

SD  
NAME BROUGHTON, KAY  
STREET ADDRESS 30 EAST TERR  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ DELETE

VD  
NAME SAMUELS, DR KEITH  
STREET ADDRESS 1000 COLLEGE BLVD  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ DELETE

TD  
NAME FONTAINE, KATHLEEN H  
STREET ADDRESS 305 BERRYHILL RD.  
CITY-ST-ZIP MILTON FL

TITLE ☐ DELETE

P  
NAME BONIFAY, MOSEMARY  
STREET ADDRESS 305 CHATTMAN ST  
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD

Judy DeBolt

11000 University Parkway

Pensacola, FL 32514

VD

Carol Thomas

P. O. Box 12710

Pensacola, FL 32574

TD

Connie Newton

3035 Berryhill Rd.,

Milton, FL 32570

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

474-3491

CR2E037 (11/98)